Debtor United		NICA SHAVETTE JO		DISTRICT OF TENN	ESSEE	Check if the	his is an
Case m				[Bankruptcy district]		amended j	
Chap	ter 13	Plan					
Part 1:	Notice	es					
To Deb		This form sets out option hat the option is appro			not in others.	The presence of an	option does not indicate
To Cree	ditors: Y	our rights are affected	l by this plan. Your	claim may be reduced	modified, or	eliminated.	
	le c f	east 5 days before the m onfirm this plan without iled before your claim w	eeting of creditors or t further notice if no t vill be paid under the	raise an objection on th imely objection to confi plan.	e record at the rmation is mad	meeting of creditors de. In addition, a time	objection to confirmation at . The Bankruptcy Court may ely proof of claim must be items. If an item is not
		hecked as "Included"					
1.1		on the amount of a secont or no payment to th		in § 3.2, which may res	sult in partial	☐ Included	<b>✓</b> Not Included
1.2		ent or no payment to the secured creditor.  ance of a judicial lien or nonpossessory, nonpurchase-money security interest,				☐ Included	<b>✓</b> Not Included
1.3		ndard provisions, set o	ut in Part 9.	_ Included	<b>✓</b> Not Included		
Part 2:	Plan I	Payments and Length o	of Plan				I
		ll make payments to th					
	ents made		Frequency of	Duration of	Method of	navment	
by		payment	payments BI-WEEKLY	payments			11 4 4
✓ Deb  □ Deb	otor 1	\$390.00	BI-WEERLY	60 months	Debtor c CIGNA HE 500 GREA	rill make payment di onsents to payroll de ALTHSPRING T CIRCLE ROAD .E, TN 37228	
Insert ac	dditional l	lines as needed.					
	ome tax r ck one. ✓		nny income tax refunc	ds received during the p	an term.		
		Debtor(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over to the trustee all income tax refunds received during the plan term.					
		Debtor(s) will treat income refunds as follows:					
22411	144 1						
	nuonai p ck one.	ayments. None. If "None" is ch	necked, the rest of § 2	.3 need not be complete	d or reproduce	d.	
2.4 The	total am	ount of estimated payr	ments to the trustee p	provided for in §§ 2.1 a	and 2.3 is \$ <u>50</u>	<b>,700.00</b> .	
Part 3:	Treat	ment of Secured Claim	S				
3.1 Mai	intenance	of payments and cure	of default. Check on	ie.			
APPEN	DIX D			Chapter 13 Plan			Page 1

Debtor	N	MONICA	A SHAVETTE JOHNSON	Case	e number		
	✓	None. If "None" is checked, the rest of § 3.1 need not be completed or reproduced.					
3.2 Requ	est for v	aluation	of security and claim modification.	Check one.			
	<b>✓</b>	None.	If "None" is checked, the rest of § 3.2	need not be completed or rep	oroduced.		
3.3 Secu	red claim	s exclud	ded from 11 U.S.C. § 506. Check one.				
	<b>✓</b>	<b>None</b> . If "None" is checked, the rest of § 3.3 need not be completed or reproduced. The claims listed below were either:					
	<ul><li>(1) incurred within 910 days before the petition date and secured by a purchase money security interest in a motor vehicle acquired for the personal use of the debtor(s), or</li><li>(2) incurred within 1 year before the petition date and secured by a purchase money security interest in any other thing of value</li></ul>						
	These claims will be paid in full through the trustee as stated below. The claim amount stated on a proof of claim filed in accordance with the Bankruptcy Rules controls over any contrary amount listed below.						
	If relief from the automatic stay is ordered as to any collateral listed below, all payments under this section to creditors secured by that collateral will cease.						
Name o	f Credito	r	Collateral	Amount of claim	Interest rate	Monthly plan payment	
AmeriC Financ	Credit/GI	М	2017 VOLKSWAGEN PASSAT 37,000 miles UNDER 910	\$22,481.00	5.50%	\$430.00	
				<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Insert ad	ditional c	elaims as	needed.				
3.4 Lien	avoidano		<i>k one</i> . If "None" is checked, the rest of § 3.4	need not be completed or rep	produced.		
3.5 Surr	ender of	collater	<b>al.</b> Check one.				
	<b>✓</b>		If "None" is checked, the rest of § 3.5	need not be completed or rep	oroduced.		
Part 4:	Treatn	nent of F	Priority Claims (including Attorney's	s Fees and Domestic Suppo	rt Obligations)		
4.1 Attor	rney's fee	es.					
			yed to the attorney for the debtor(s) is eaugh the trustee as specified below. Che		The remaining fees and an	y additional fees that may be	
<b>✓</b> T	he attorne	ey for the	e debtor(s) shall receive a monthly pay	ment of \$107.00			
☐ The attorney for the debtor(s) shall receive available funds.							
4.2 Dom	estic sup	port obl	igations.				
	(a) Pre-		stpetition domestic support obligation If "None" is checked, the rest of § 4.2(				
	(b) Domestic support obligations assigned or owed to a governmental unit and paid less than full amount. Check one.  None. If "None" is checked, the rest of § 4.2(b) need not be completed or reproduced.						
4.3 Othe	r priority		• Check one.  If "None" is checked, the rest of § 4.3	need not be completed or rep	produced.		
Part 5:	art 5: Treatment of Nonpriority Unsecured Claims and Postpetition Claims						

5.1 Nonpriority unsecured claims not separately classified.

APPENDIX D Chapter 13 Plan Page 2

Debtor	MONICA SHAVETTE JOHNSON	Case number				
providing t  Th  2	onpriority unsecured claims that are not separately classified will be the largest payment will be effective. Check all that apply.  e sum of \$  formula of the total amount of these claims.  e funds remaining after disbursements have been made to all other					
	allowed nonpriority unsecured claims not separately classified	. Check one.				
<b>✓</b>	<b>None.</b> If "None" is checked, the rest of § 5.2 need not be comp	oleted or reproduced.				
5.3 Maintenar	ace of payments and cure of any default on nonpriority unsecur	ed claims. Check one.				
1	None. If "None" is checked, the rest of § 5.3 need not be comp	oleted or reproduced.				
5.4 Separately	classified nonpriority unsecured claims. Check one.					
<b>✓</b>	None. If "None" is checked, the rest of § 5.4 need not be comp	oleted or reproduced.				
5.5 Postpetitio	n claims allowed under 11 U.S.C. § 1305.					
Claims allo	wed under 11 U.S.C. § 1305 will be paid in full through the trustee					
Part 6: Exe	cutory Contracts and Unexpired Leases					
	tory contracts and unexpired leases listed below are assumed an leases are rejected. Check one.	nd will be treated as specified. A	ll other executory contracts and			
<b>y</b>	None. If "None" is checked, the rest of § 6.1 need not be completed or reproduced.  Assumed contracts or leases. Current installment payments will be disbursed by the trustee or directly by the debtor, as specified below. Arrearage payments will be paid in full through the trustee. Amounts stated on a proof of claim filed in accordance with the Bankruptcy Rules control over any contrary amounts listed below as to the installment payment and arrearage.					
Name of Cree	litor Description of leased property or executory contract	Current installment payment	Amount of arrearage to be paid			
JOHN AND BRANDI						
SEVIERI	RESIDENTIAL LEASE	\$1,100.00	\$0.00			
		Disbursed by:  Trustee				
BESTWAY	BED & MATTRESS	Debtor(s)	<b>#0.00</b>			
RENT TO O	(BALANCE OF \$2300.00)	Disbursed by:  Trustee Debtor(s)	\$0.00			
Insert addition	al claims as needed.					
Part 7: Ord	er of Distribution of Available Funds by Trustee					
7.1 The truste	e will make monthly disbursements of available funds in the ore	der specified. Check one.				
Alterna	ative order of distribution:					
CLASS	I FILING FEE					
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Debtor	MONICA SHAVETTE JOHNSON		Case number	
CI A	CC II NOTICE EEE			
	SS II NOTICE FEE SS III ATTORNEY FEE			
	SS IN ATTORNET FEE SS IV SECURED CREDITOR			
	SS V SECURED CREDITOR SS V EXECUTORY CONTRACT			
	SS VI SUCCESS INCENTIVE			
	SS VII GENERAL UNSECURED			
	SS VIII 1305 CLAIMS			
Inseri	t additional lines as needed.			
Part 8:	Vesting of Property of the Estate			
Part 9: N	olan confirmation. other:  Nonstandard Plan Provisions None. If "None" is checked, the rest of			
Part 10: S	Signotures			
X /s/ Da	aniel T. Castagna	Date	June 12, 2019	
	el T. Castagna 22721	_		
	of Attorney for Debtor(s)			
X /s/ Mo	ONICA SHAVETTE JOHNSON	Date	June 12, 2019	
MON	ICA SHAVETTE JOHNSON	_		
X		Date		
signature(s	s) of Debtor(s) (required if not represented by	y an attorney; oth	erwise optional)	

By filing this document, the Attorney for Debtor(s) or Debtor(s) themselves, if not represented by an attorney, also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in the form required under the Local Rules for the Bankruptcy Court for the Middle District of Tennessee, other than any nonstandard provisions included in Part 9.

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